

Community Service Application to Request Driver Responsibility Fee (DRF) Waiver

Issued under authority of Public Act 250 and Public Act 283 of 2014.

Fill out the application, list the assessments for which you are requesting a waiver, complete the calculation and sign below. For a list of qualifying assessments, call (800) 950-6227.

Submit the completed application to: Michigan Department of Treasury, Office of Collections, PO Box 30149, Lansing MI 48909-7649.

NOTE: An approved application for this program does not reinstate a currently suspended license. A suspension will require payment of a reinstatement fee to the Secretary of State. Other outstanding Licensing Actions or Driver Responsibility Fees may prevent reinstatement of your license. Contact the Secretary of State at (888) 767-6424 regarding the status of your license.

DRIVER INFORMATION			
Name		Driver License Number/Customer Number	
Mailing Address	City	State	ZIP Code
Treasury Account Number	Contact Number		
QUALIFYING ASSESSMENTS FOR COMMUNITY SERVICE			
List the assessment number and name of the offense to indicate which qualifying assessments(s) you would like to complete. You may choose one or more assessments per application. Enter the number of assessments you select below into the appropriate field in the "Calculation and Description of Community Service" section later in this application. The Michigan Department of Treasury will send a notification when your application is approved. All community service requested on this application must be completed within 45 days of approval. Reapplication for these assessments can only occur if a request to withdraw based on good cause is approved within the 45-day period.			
ASSESSMENT 1			
Assessment Number	Offense	Hours of Required Service 10	
ASSESSMENT 2			
Assessment Number	Offense	Hours of Required Service 10	
ASSESSMENT 3			
Assessment Number	Offense	Hours of Required Service 10	
ASSESSMENT 4			
Assessment Number	Offense	Hours of Required Service 10	
CALCULATION AND DESCRIPTION OF COMMUNITY SERVICE			
1. Number of Assessments Requested			
2. Total Hours of Community Service per Assessment.....		10	
Total Hours Requested. Multiply line 1 by line 2.....			
Description of Community Service			
CERTIFICATION			
By signing this application, I agree to complete the total number of community service hours indicated above. I understand if I do not complete the requested hours within 45 days of approval, these assessments will be ineligible for waiver and would return to their original status.			
Driver's Signature		Date	